

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213511208</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>IMAX CORPORATION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>FN</b></p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: <b>3/31/2013</b></p> <p>SCC ID NO: <b>F1783887</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>UNLTD</td> <td>999,999,999</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	UNLTD	999,999,999	
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UNLTD	999,999,999						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2525 SPEAKMAN DRIVE MISSISSAUGA Ontario L5K 1B1</p> <p style="text-align: center;">CITY/ST/ZIP: FOREIGN, Canada</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: G MARY RUBY  TITLE: SECRETARY  ADDRESS: 2525 SPEAKMAN DRIVE  MISSISSAUGA, ON, L5K1B1, CANADA  CITY/ST/ZIP/CO: , , FN </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: G MARY RUBY TITLE: SECRETARY ADDRESS: 2525 SPEAKMAN DRIVE MISSISSAUGA, ON, L5K1B1, CANADA CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD L GELFOND  TITLE: CEO  ADDRESS: 110 E 59TH ST STE 2100  CITY/ST/ZIP/CO: NEW YORK, NY 10022 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: RICHARD L GELFOND TITLE: CEO ADDRESS: 110 E 59TH ST STE 2100 CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC A DEMIRIAN DIRECTOR 100 KING ST W., STE 5700 TORONTO, ON, M5X1C7, CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARTH M GIRVAN DIRECTOR STE 4700 TD BANK TOWER TORONTO, ON, M5X 1C7, CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W LEEBRON DIRECTOR 6100 MAIN ST, MS-1 HOUSTON, TX 77005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	I MARTIN POMPADUR DIRECTOR 125 W. 55TH ST. NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC A UTAY DIRECTOR 110 E. 59TH ST., STE 2400 NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY J WECHSLER DIRECTOR 110 E 59TH ST STE 2100 NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ G MARY RUBY	G MARY RUBY, SECRETARY	3/4/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			